

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a class c charter
certificate from Pedro gil Romero
Quality Express Services LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Pedro Rafael gil Romero

Telephone: 843-668-1649

Address: 5109 Owl Wood Ln

Fax: _____

Summerville SC 29486

Other: _____

Email: Pedrocogil.Romero@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED

SEP 02 2021

PSC SC
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 08/14/2021

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Quality Express Services LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

5109 owl wood Ln Summerville SC 29486
Street Address of Applicant

Same
Mailing Address of Applicant (if different from street address)

843.668.1649
Phone

Fax

PedrocogilRomero@hotmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="76,843.08"/>	Loans Owed on Motor Vehicles	<input type="text" value="76,843.08"/>
Cash on Hand	<input type="text" value="100.00"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="76,843.08"/>
Total Assets	<input type="text" value="76,843.08"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Airport chs / Downtown 65⁼⁼\$
 Downtown / Airport chs 65⁼⁼\$
 Isle of palm / Airport chs. 90⁼⁼\$
 Airport chs / Isle of palm 90⁼⁼\$
 Airport chs / Kiawah Island 150⁼⁼\$
 Kiawah / Airport chs 150⁼⁼\$
 Airport chs / Summerville 75⁼⁼\$

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Chevrolet	2021 Suburban	1GNSCEKD7MR381500	5616 Lbs

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Pedro gil Romero / Quality Express Services LLC.
Name of Applicant

5109 owl wood Ln Summerville SC 29486
Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 5,031.00

Limits 1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

STATE AUTO INSURANCE COMPANY
Name of Insurance Company

518 EAST BROAD STREET Columbus, Ohio 43215
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Pedro gil Romero

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

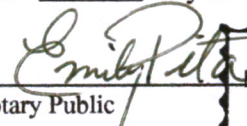
OWNER.

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Dorchester)

SWORN TO BEFORE ME

This 1 day of September, 2021


Notary Public

EMILY F. PITA
Notary Public, State of South Carolina
My Commission Expires
12-30-2030

Commission Expires _____



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

QUALITY EXPRESS SERVICES LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 6th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 6th day
of August, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210806-1433388

Filing Date: 08/06/2021

Aug 06 2021
REFERENCE ID: 842446


SECRETARY OF STATE OF SOUTH CAROLINA

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

QUALITY EXPRESS SERVICES LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
5109 OWL WOOD LN

(Street Address)

SUMMERVILLE, South Carolina 29486

(City, State, Zip Code)

3. The initial agent for service of process is

PEDRO RAFAEL GIL ROMERO

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
5109 OWL WOOD LN

(Street Address)

SUMMERVILLE

South Carolina 29486

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

PEDRO RAFAEL GIL ROMERO

(Name)

5109 OWL WOOD LN

(Street Address)

SUMMERVILLE, South Carolina 29486

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Aug 06 2021

REFERENCE ID: 842446

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

QUALITY EXPRESS SERVICES LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Aug 06 2021
REFERENCE ID: 842446


SECRETARY OF STATE OF SOUTH CAROLINA

QUALITY EXPRESS SERVICES LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signed as Filer: JOAO P COSTA GOULART

Signature of Organizer _____

Date: 08/06/2021

Signature of Organizer _____

Date: _____

Business Name: QUALITY EXPRESS SERVICES LLC

Aug 06 2021

Aug 06 2021
REFERENCE ID: A1446

This page must be completed, scanned, and attached to any business filing where one of the following is true.

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ty signs the digital form on behalf of official signee.

- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

PEDRO RAFAEL GIL ROMERO

08/06/2021

Name _____

Date _____

Signature _____

MEMBER

Title / Position

Name _____

Date _____

Signature

Title / Position

Name _____

Date _____

Signature

Title / Position

Name _____

Date _____

Signature

Title / Position

Name _____

Date _____

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.



1 Oak Insurance Agency LLC
167 Maple St
Naugatuck, CT 06770-4269
(203) 632-5004

Business Auto Policy

Quote Proposal

Quote Date: 08/31/2021
Quote Number: 188892672J
Effective Date: 08/31/2021
Expiration Date: 08/31/2022

Total Policy Premium
\$5,031.00

Named Insured:

QUALITY EXPRESS SERVICES LLC

Contact your independent
agent at (203) 632-5004.

Covered Auto Symbol	Description
01	Any vehicle
02	Owned Vehicles Only
06	Owned Vehicles Subject To A Compulsory Uninsured Motorists Law

Vehicle Coverages

Coverages	Covered Auto Symbols	Limit - The Most We Will Pay For Any One Accident Or Loss	Premium
Liability Insurance	01	\$1,000,000 Each Accident	\$3,143.00
Medical Payments	02	See Schedule	\$38.00
Uninsured Motorists Coverage - SC	06	\$1,000,000 Each Accident	\$39.00
Underinsured Motorists Coverage - SC	06	\$1,000,000 Each Accident	\$197.00
Uninsured Motorists Property Damage - SC	06	See Schedule	Included
Collision	02	See Schedule	\$777.00
Other than Collision	02	See Schedule	\$415.00
Taxes & Surcharges			\$2.00
Other Coverages/Endorsements/Adjustment to Minimum Premium			\$420.00
Total Premium			\$5,031.00

ACCEPTED FOR PROCESSING - 2021 September 2 1:34 PM - SCPSC - 2021-2921 - Page 29 of 36

Schedule of Covered Autos You Own

Veh#1	
Vehicle Information	Detail
Year	2021
Make	CHEVROLET
Model	SUBURBAN
Business Use	N/A
Radius	N/A
VIN	xx1500
Garage State	SC
Cost Basis Type	OCN
Cost Basis	\$59,800
Vehicle Size	N/A
Coverages	Premium
Liability	\$2,939.00
Medical Payments	\$38.00
Uninsured Motorists Coverage	\$39.00
Underinsured Motorists Coverage	\$197.00
Collision	\$777.00
Other than Collision	\$415.00
New Auto Replacement Coverage	\$179.00
Rental Reimbursement	\$241.00
Taxes & Surcharges	Premium
SC UM Premium Fund	\$2.00
Total Premium	\$1,827.00
Coverages	Deductible
Uninsured Motorists - Property Damage	\$200
Collision	\$500
Other than Collision	\$500
Coverages	Limit
Medical Payments	\$5,000

****Cost Basis Key: OCN= Original Cost New, SA=Stated Amount****

Schedule of Hired Autos

Schedule for Hired or Borrowed Covered Auto Coverage And Premiums Liability Insurance - Rating Basis, Cost of Hire

State	Cost of Hire - Primary	Cost of Hire - Excess	Premium
SC		\$1	N/A
			\$75.00
Total Premium			\$75.00

Item Five: Schedule for Non-Ownership Liability

Other Than a Garage Risk

Name Insured's Business	Rating Basis	Number	Premium
Other Than a Social Service Agency - SC	Number of Employees	1	Included
			\$129.00
Total Premium			\$129.00

Forms and Endorsements

Forms and Endorsements

Form Number	Edition Date	Form Title (Only the titles are shown below, please review the form for a complete description of coverage)
CA 00 01	10/13	Business Auto Coverage Form
IL 00 03	09/08	Calculation Of Premium
IL 00 17	11/98	Common Policy Conditions
SI 90 01	05/17	Common Policy Jacket
BA 10 24	12/15	Comprehensive Coverage Deductible
CA 04 42	10/13	Exclusion Of Federal Employees Using Autos In Government Business
CA 23 84	10/13	Exclusion Of Terrorism
CA 23 01	10/13	Explosives
ILN001	09/03	Fraud Statement
BA 31 10	12/15	New Auto Replacement Cost Coverage
IL 00 21	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
AGR002	09/19	Policy Account Billing Conditions
CA 23 45	11/16	Public Or Livery Passenger Conveyance And On-Demand Delivery Services Exclusion
CA 99 23	10/13	Rental Reimbursement Coverage
CA 23 04	10/13	Rolling Stores
CA 23 94	10/13	Silica Or Silica-Related Dust Exclusion For Covered Autos Exposure
CA 99 58	04/14	South Carolina Auto Medical Payments Coverage
CA 01 50	12/13	South Carolina Changes
CA 02 30	07/19	South Carolina Changes - Cancellation And Nonrenewal

Form Number	Edition Date	Form Title (Only the titles are shown below, please review the form for a complete description of coverage)
ILU007	12/16	South Carolina Offer Of Additional Uninsured Motorists Coverage And Optional Underinsured Motorists Coverage
CA 21 88	12/13	South Carolina Underinsured Motorists Coverage
CA 21 19	12/13	South Carolina Uninsured Motorists Coverage
IL P 001	01/04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
CA 23 05	10/13	Wrong Delivery Of Liquid Products

Notices

Form Number	Edition Date	Form Title (Only the titles are shown below, please review the notices for additional information about your policy)
PN 07 37	07/20	Important Notice And Acknowledgment To All South Carolina Policyholders Fee Schedule

The premium shown above is based on the data you have provided us and information we gathered from third parties. Please be advised the quoted premium is subject to change if any information is amended prior to issuing the policy.

The quote is valid for 30 days from the print date.

This is only a short example of Coverages and limits that are available. This is not a contract, policy, binder, nor a recommendation of coverages. The policy and endorsements provide a complete statement of the terms and conditions applicable to all coverages and limits. If you have any questions, please contact my office.

Payment Options

Due Now \$199.66

<input type="checkbox"/> Full Pay	<input type="checkbox"/> Quarterly Pay	<input checked="" type="checkbox"/> Monthly Pay
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